

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5						
6		4				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		1				
52		8				
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98						
99						
100						
TOTAL IND.		1				
TOTAL DEP.		55				
TOTAL CLAIMS		56				

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS